

	Trkg	Edit	DE 1	DE 2	Other
Date					
Initial					

PARTICIPANT ID:

**NORTHERN CALIFORNIA
 BREAST CANCER FAMILY REGISTRY
 PROBAND QUESTIONNAIRE
 FEMALE
 TREATMENT QUESTIONS INCLUDED**

CENTER ID:

FAMILY ID:

DATE OF DIAGNOSIS:

MO DAY YEAR

INTERVIEWER: _____

DATE OF INTERVIEW:

MO DAY YEAR

STARTING TIME OF INTERVIEW

AM 1
HR MIN PM 2

TYPE OF INTERVIEW:

IN-PERSON 1 PHONE 2

h:\qnaire\femprob.rv4
11/18/98

SECTION A. BACKGROUND INFORMATION

I would like to begin by asking for some background information about you and your family.

A1.	How old are you?	AGE	
A2.	What is your date of birth?	MO DAY	YEAR
A3.	IDENTIFY SEX OF PARTICIPANT	MALE	1
		FEMALE	2
A4.	What was the <u>highest</u> level of education you completed? (SHOW CARD A, READ CHOICES)		
	Less than 8 years		1
	8 to 11 years, without high school graduation	2	
	High school graduation		3
	Vocational or technical school		4
	Some college or university		5
	Bachelor's degree		6
	Graduate degree		7
	DK		9
A5.	Are you currently...	Married or living as married	1
		Widowed	2
		Divorced	3
		Separated	4
		Never married	5
		DK	9

A6. Which of the following choices best describes your race or ethnic background?
(SHOW CARD B, CIRCLE AS MANY AS APPLY)

White, non Hispanic	1	
White, Hispanic		16
African-American or Black, non Hispanic		2
African-American or Black, Hispanic	17	
Native American	3	
Chinese		4
Japanese		5
Filipino		6
Hawaiian		7
Korean	8	
Asian Indian or Pakistani		9
Vietnamese		10
OTHER (SPECIFY) _____		
_____		88
DK		99

☒ A7. In what country were you born? _____

IF BORN IN U.S.: GO TO A10.

IF NOT BORN IN THE U.S.:

☐ A8. In what year did you first come to live in the United States?

☐ A9. In total, for how many years have you lived in the United States?

A10.	In what country was your mother born?	_____
A11.	Your mother's mother?	_____
A12.	Your mother's father?	_____
A13.	In what country was your father born?	_____
A14.	Your father's mother?	_____
A15.	Your father's father?	_____

A16. What was the first language you learned to speak?

English	1 GO TO A21.
Spanish	2
Chinese	3
Japanese	4
Tagalog	5
Vietnamese	7
OTHER (SPECIFY)	
_____	8

IF ENGLISH QUESTIONNAIRE, GO TO A18.

A17. Which of these choices best describes how well you speak English?

Well	1
Medium	2
Little	3
Not at all	4 GO TO A21.
DK	9

A18. When you are speaking with your spouse or partner, how often do you speak English?
(SHOW CARD C)

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO SPOUSE/PARTNER	8

A19. When you are speaking with your children, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5
NO CHILDREN	8

A20. When you are speaking with your friends, how often do you speak English?

Always	1
Most of the time	2
About half the time	3
Occasionally	4
Never	5

A21. Which of the following religions were you born into? (SHOW CARD D, READ CHOICES)

Protestant	1
Catholic	2
Buddhist	3
Ashkenazi Jewish	4
Sephardic Jewish	5
Other or uncertain Jewish	6
Hindu	7
Eastern Orthodox	8
Muslim	9
Mormon	10
Seventh Day Adventist	11
None	12
OTHER (SPECIFY)	

13

DK

99

A22. What religion was your mother born into?

OTHER (SPECIFY)

A23. Your mother's mother?

OTHER (SPECIFY)

A24. Your mother's father?

OTHER (SPECIFY)

A25. What religion was your father born into?

OTHER (SPECIFY)

A26. Your father's mother?

OTHER (SPECIFY)

A27. Your father's father?

OTHER (SPECIFY)

A28. What religion do you currently practice?

OTHER (SPECIFY)

SECTION B. MEDICAL HISTORY

The next section asks questions about some illnesses you may have had.

B1. Has a doctor ever told you that you had cancer, leukemia or a malignant tumor?

YES 1
NO 2 GO TO B9.
DK 9 GO TO B9.

IF YES:

	CANCER #1	CANCER #2	CANCER #3
B2. What type of cancer did you have?			
B3. How old were you when this cancer was <u>first</u> diagnosed?			
	AGE	AGE	AGE
B4. In what year were you diagnosed with this cancer?			
B5. In what city and state were you diagnosed?			
B6. What is the name of the hospital or clinic where you			

were diagnosed?			
B7. What is the address of that hospital or clinic where you were diagnosed?			
B8. What is the name of the physician who made the diagnosis?			
PROBE FOR OTHER CANCERS			

B9. Has a doctor ever told you that you had benign breast disease, such as a non-cancerous cyst or a breast lump?

YES 1
NO 2 GO TO B11.
DK 9 GO TO B11.

IF YES:

☐

B10. How old were you when this was first diagnosed? AGE

B11. Has a doctor ever told you that you had cysts in one or both ovaries?

YES 1
NO 2 GO TO C1.
DK 9 GO TO C1.

IF YES:

☐

B12. How old were you when this was first diagnosed? AGE

SECTION C. SURGERIES AND MAMMOGRAMS

Now I have some questions about surgeries you may have had.

C1. Up until one year before your diagnosis of cancer, did you ever have a breast completely removed?

YES	1
NO	2 GO TO C5.
DK	9 GO TO C5.

IF YES:

C2. Did you have your right or left breast removed?

RIGHT ONLY	1
LEFT ONLY	2
BOTH	3

C3. How old were you when you had your breast(s) removed?

RIGHT	AGE
LEFT	AGE

C4. Why was your breast(s) surgically removed?

Because of breast cancer or a suspicious lump in that breast	1
--	---

To prevent the development of breast cancer	2
---	---

OTHER (SPECIFY)	3
-----------------	---

DK	9

RIGHT
LEFT

- C5. A breast biopsy is the removal of breast tissue by surgery for the purpose of making a diagnosis. Have you ever had a breast biopsy or lumpectomy that was diagnosed as cancer? Please do not include fine needle biopsy.

YES	1
NO	2 GO TO C7.
DK	9 GO TO C7.

IF YES:

☐

- C6. How old were you when this was first done? AGE

- C7. Have you ever had a breast biopsy that was diagnosed as benign breast disease, such as a non-cancerous cyst or a breast lump? Please do not include fine needle biopsy.

YES	1
NO	2 GO TO C9.
DK	9 GO TO C9.

IF YES:

☐

- C8. How old were you when this was first done? AGE

- C9. Up until one year before your diagnosis of cancer, did you ever have an ovary completely removed?

YES	1
NO	2 GO TO C13.
DK	9 GO TO C13.

IF YES:

- C10. Did you have one or both ovaries removed?

ONE	1
BOTH	2
DK	9

☐

- C11. How old were you when you had your ovary(ies) removed?

FIRST OVARY	AGE
SECOND OVARY	AGE

C12. Why was your ovary(ies) surgically removed?

Because of ovarian cancer 1

To prevent the development
of ovarian cancer 2

OTHER (SPECIFY) 3

DK 9

☐

FIRST OVARY

☐

SECOND OVARY

SECTION CC. TREATMENT

The following questions ask about treatment given for your breast cancer diagnosed in _____(DATE). Treatment is usually given within the first year of the diagnosis. Please do not include treatment given for any cancer that might have occurred after the original treatment.

CC1. Did you have surgery for this breast cancer diagnosed in _____(DATE)?

NO	1	GO TO QUESTION CC3
YES	2	

IF YES:

CC2. What type of surgery did you have? **CIRCLE ALL THAT APPLY**

- 1 Lumpectomy or removal of just the cancer
- 2 Mastectomy or removal of the entire breast
- 9 DK

CC3. Did you have radiation for this breast cancer?

NO	1	GO TO QUESTION CC5
YES	2	

IF YES:

CC4. Did you have _____? **CIRCLE ALL THAT APPLY**

- 1 radiation to the breast after lumpectomy
- 2 radiation to the chest after mastectomy
- 3 other:
- 9 DK

CC5. Did you have hormonal therapy such as Tamoxifen for this breast cancer?

NO	1	GO TO QUESTION CC7
YES	2	

IF YES:

CC6. What medicines did you receive?

- 9 DK

CC7. Did you have chemotherapy for this breast cancer?

NO	1	GO TO QUESTION CC9
YES	2	

IF YES:

CC8. What medicines did you receive?

9 DK

CC9. Did you receive other types of treatment for this breast cancer, such as a bone marrow transplant or immune therapy?

NO	1	GO TO QUESTION CC11
YES	2	

IF YES:

CC10. What other treatment did you receive?

9 DK

CC11. Since your breast cancer diagnosis in _____(DATE), did the breast cancer come back or did you have cancer in the opposite breast?

NO	1	IF SUBJECT REPORTED OVARIAN CANCER GO TO CC27.
----	---	---

IF NO OVARIAN CANCER GO TO QUESTION C13 (NOT CC13).

YES	2
-----	---

IF YES:

CC12. Where in the body did this cancer occur?

- 1 same breast
- 2 lymph glands
- 3 skin
- 4 bone
- 5 liver
- 6 lung
- 7 brain
- 8 other (**SPECIFY**)
- 9 opposite breast **GO TO QUESTION CC13**

IF NOT OPPOSITE BREAST AND SUBJECT REPORTED OVARIAN CANCER, GO TO QUESTION CC27.

IF NOT OPPOSITE BREAST AND NO OVARIAN CANCER REPORTED, GO TO QUESTION C13 (NOT CC13).

CC13. How old were you when the cancer in the opposite breast was diagnosed? _____ **AGE**

CC14. At the time that the cancer in the opposite breast was diagnosed, was it _____?

- 1 only in the breast with or without spread to lymph glands, *or*
- 2 spread to other sites besides the breast and lymph glands.

The following questions ask about treatment given for the cancer in the opposite breast. Please do not include treatment given for any cancer that might have occurred after the diagnosis of the cancer in the opposite breast.

CC15. Did you have surgery for this cancer in the opposite breast?

- NO 1 **GO TO QUESTION CC17**
- YES 2

IF YES:

CC16. What type of surgery did you have? **CIRCLE ALL THAT APPLY**

- 1 Lumpectomy or removal of just the cancer
- 2 Mastectomy or removal of the entire breast
- 9 DK

CC17. Did you have radiation for this cancer in the opposite breast?

NO 1 GO TO QUESTION CC19
YES 2

IF YES:

CC18. Did you have _____? **CIRCLE ALL THAT APPLY**

1 radiation to the breast after lumpectomy
2 radiation to the chest after mastectomy
3 other:

9 DK

CC19. Did you have hormonal therapy such as Tamoxifen for this cancer in the opposite breast?

NO 1 GO TO QUESTION CC21
YES 2

IF YES:

CC20. What medicines did you receive?

9 DK

CC21. Did you have chemotherapy for this cancer in the opposite breast?

NO 1 GO TO QUESTION CC23
YES 2

IF YES:

CC22. What medicines did you receive?

9 DK

CC23. Did you receive other types of treatment for this cancer in the opposite breast, such as a bone marrow transplant or immune therapy?

NO	1	GO TO QUESTION CC25
YES	2	

IF YES:

CC24. What other treatments did you receive?.

9 DK

CC25. Has the cancer recurred or come back after the treatments listed above?

NO	1	GO TO QUESTION C13
YES	2	

IF YES:

CC26. At which site in the body did the cancer come back?

1	same breast
2	lymph glands
3	skin
4	bone
5	liver
6	lung
7	brain
8	other (SPECIFY)

IF SUBJECT REPORTED OVARIAN CANCER, GO TO CC27,

IF NO REPORTED OVARIAN CANCER, GO TO QUESTION C13 (NOT CC13).

CC27. At the time that the ovarian cancer was diagnosed, was it

1	only in the ovaries, <i>or</i>
2	spread outside the ovaries
9	DK

The following questions ask about treatment given for your ovarian cancer at the time it was first diagnosed.

Treatment is usually given within the first year of the diagnosis. Please do not include treatment given for any cancer which came back after the original treatment.

CC28. Which of the following treatments did you have for the ovarian cancer at the time it was first diagnosed?

CIRCLE ALL THAT APPLY

- | | | |
|---|--------------|---------------------------|
| 1 | surgery | |
| 2 | radiation | |
| 3 | chemotherapy | List medicine(s) if known |

- | | | |
|---|-------|--------------------|
| 4 | other | Describe treatment |
|---|-------|--------------------|

- | | | |
|---|----|--|
| 9 | DK | |
|---|----|--|

CC29. Has the cancer come back or recurred after the treatments listed above?

- | | |
|-----|---|
| NO | 1 |
| YES | 2 |
| DK | 9 |

Now I have some questions about mammograms.

C13. A mammogram is an x-ray examination of the breasts. Have you ever had a mammogram?

YES	1
NO	2 GO TO D1.
DK	9 GO TO D1.

IF YES:

☐ C14. How old were you when you had your first mammogram? AGE

C15. When did you have your most recent mammogram?

☐ MO DAY YEAR

C16. Where did you have your most recent mammogram?

HOSPITAL/CLINIC: _____

CITY: _____

STATE/PROVINCE: _____

☐ COUNTRY: _____

C17. Up to one year before your diagnosis of cancer, how many mammograms in total had you had?

☐

C18. How many mammograms have you had since one year before your diagnosis of cancer, including any mammograms used to diagnose your cancer?

☐

SECTION D. HEIGHT AND WEIGHT

Now I would like to ask you about your height and weight.

D1. How tall are you? FEET . INCHES

. CMS

D2. What is your current weight? . LBS.

. KGS

D3. What was your weight one year before
your cancer was diagnosed?

. LBS.

. KGS

SECTION E. ALCOHOL

Now I will be asking you about alcoholic beverages you may have consumed.

- E1. Have you ever consumed any alcoholic beverages, such as beer, wine, or liquor at least once a week for 6 months or longer?

YES	1
NO	2 GO TO F1.
DK	9 GO TO F1.

IF YES:

- E2. At what age did you first start consuming alcoholic beverages at least once a week for 6 months or longer?

AGE

- E3. Up until one year before your diagnosis of cancer, were you consuming alcoholic beverages at least once a week?

YES	1 GO TO E5.
NO	2
DK	9 GO TO E5.

IF NO:

- E4. At what age did you stop consuming alcoholic beverages at least once a week?

AGE

- E5. Up until one year before your diagnosis of cancer, for how many years in total did you consume alcoholic beverages at least once a week?

YEARS

- E6. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many 12 oz. cans or bottles of beer did you usually have in a week?

- E7. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many medium glasses of wine or wine coolers did you usually have in a week?

- E8. Up until one year before your diagnosis of cancer, when you consumed alcoholic beverages at least once a week, how many shots of liquor did you usually have in a week?

SECTION F. SMOKING

Now I have some questions about cigarette smoking.

F1. Have you ever smoked at least 1 cigarette a day for 3 months or longer?

YES	1
NO	2 GO TO G1.
DK	9 GO TO G1.

IF YES:

F2. At what age did you first start smoking at least 1 cigarette a day for 3 months or longer?

AGE

F3. Up until one year before your diagnosis of cancer, were you smoking at least 1 cigarette a day?

YES	1 GO TO F5.
NO	2
DK	9 GO TO F5.

IF NO:

F4. At what age did you stop smoking at least 1 cigarette a day?

AGE

F5. Up until one year before your diagnosis of cancer, for how many years in total did you smoke at least 1 cigarette a day?

YEARS

F6. Up until one year before your diagnosis of cancer, when you smoked at least 1 cigarette a day, how many cigarettes did you usually smoke in a day?

CIGARETTES
PER DAY

SECTION G. REPRODUCTIVE HISTORY

The following questions are about menstruation and the use of birth control pills and other hormonal contraceptives.

G1. Have you ever had a menstrual period?

YES	1
NO	2 GO TO G3.
DK	9 GO TO G3.

IF YES:

☐ G2. At what age did you have your first menstrual period? AGE

G3. Primary amenorrhea is the failure of menstrual periods to start naturally. Has a doctor ever told you that you had primary amenorrhea?

YES	1
NO	2 GO TO G5.
DK	9 GO TO G5.

IF YES:

☐ G4. How old were you when this was first diagnosed? AGE

G5. Have you ever used hormonal contraceptives, in the form of birth control pills, implants, or injections?

- | | |
|-----|-------------|
| YES | 1 |
| NO | 2 GO TO H1. |
| DK | 9 GO TO H1. |

IF YES:

G6. How old were you when you first started taking hormonal contraceptives?

AGE

G7. Are you currently taking hormonal contraceptives?

- | | |
|-----|-------------|
| YES | 1 GO TO G9. |
| NO | 2 |
| DK | 9 GO TO G9. |

IF NO:

G8. How old were you when you last took hormonal contraceptives?

AGE

G9. Up until one year before your diagnosis of cancer, for how many years in total did you take hormonal contraceptives?

IF LESS THAN 1 YEAR: CODE 0 YEARS

SECTION H. PREGNANCY HISTORY

Now I'll be asking about your pregnancy history. Please include all live births, miscarriages, stillbirths, and other outcomes.

H1. Have you ever been pregnant?

YES	1
NO	2 GO TO H14.
DK	9 GO TO H14.

IF YES:

☐ H2. How many pregnancies have you had?

☐ H3. How many live births have you had?

IF NO LIVE BIRTHS, GO TO INTRODUCTION AFTER H6.

☐ H4. How old were you when you had your first live birth? AGE

IF ONLY 1 LIVE BIRTH, GO TO H6.

☐ H5. How old were you when you had your last live birth? AGE

H6. Did you ever breast-feed a child for one month or longer?

YES	1
NO	2
DK	9

Now I would like to ask you about each pregnancy you have had.

	1ST PREGNANCY	2ND PREGNANCY	3RD PREGNANCY
H7. What was the outcome of your (first / next) pregnancy? (SHOW CARD E)			
Single live birth 2			
Multiple birth 3			
Stillbirth 4			
Miscarriage 5			
Tubal or ectopic pregnancy 6			
Induced abortion 7			
Currently pregnant 1			
DK 9			
H8. During what month and year (was your baby born / did this pregnancy end)?			
	MONTH YEAR	MONTH YEAR	MONTH YEAR
H9. How long was this pregnancy?			
3 months or under 1			
4 to 6 months 2			
7 or more months 3			
DK 9			
IF <u>SINGLE</u> LIVE BIRTH OR STILLBIRTH:			
H10. Did you have a boy or a girl?			
IF <u>MULTIPLE</u> LIVE BIRTHS OR STILLBIRTHS:	# of BOYS	# of BOYS	# of BOYS
H11. How many boys or girls did you have?			
	# of GIRLS	# of GIRLS	# of GIRLS

IF SINGLE OR MULTIPLE <u>LIVE</u> BIRTH(S):				
H12.	Did you breast-feed (this child / these children)?	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9
<u>IF YES:</u>				
H13.	For how many months did you breast-feed (this child / these children)? (SHOW CARD F)			
	Under 1 month 1			
	1 to 5 months 2			
	6 to 11 months 3			
	12 to 24 months 4			
	over 24 months 5			
	DK 9			

	4TH PREGNANCY	5TH PREGNANCY	6TH PREGNANCY
H7. What was the outcome of your next pregnancy? (SHOW CARD E)			
Single live birth 2			
Multiple birth 3			
Stillbirth 4			
Miscarriage 5			
Tubal or ectopic pregnancy 6			
Induced abortion 7			
Currently pregnant 1			
DK 9			
H8. During what month and year (was your baby born / did this pregnancy end)?			
	MONTH YEAR	MONTH YEAR	MONTH YEAR

H9. How long was this pregnancy?			
3 months or under 1			
4 to 6 months 2			
7 or more months 3			
DK 9			
IF <u>SINGLE</u> LIVE BIRTH OR STILLBIRTH:			
H10. Did you have a boy or a girl?			
IF <u>MULTIPLE</u> LIVE BIRTHS OR STILLBIRTHS:	# of BOYS	# of BOYS	# of BOYS
H11. How many boys or girls did you have?			
	# of GIRLS	# of GIRLS	# of GIRLS
IF SINGLE OR MULTIPLE <u>LIVE</u> BIRTH(S):			
H12. Did you breast-feed (this child / these children)?	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9
<u>IF YES:</u>			
H13. For how many months did you breast-feed (this child / these children)? (SHOW CARD F)			
Under 1 month 1			
1 to 5 months 2			
6 to 11 months 3			
12 to 24 months 4			
over 24 months 5			
DK 9			

	7TH PREGNANCY	8TH PREGNANCY	9TH PREGNANCY
H7. What was the outcome of your next pregnancy? (SHOW CARD E)			
Single live birth 2			
Multiple birth 3			
Stillbirth 4			
Miscarriage 5			
Tubal or ectopic pregnancy 6			
Induced abortion 7			
Currently pregnant 1			
DK 9			
H8. During what month and year (was your baby			

born / did this pregnancy end)?			
	MONTH YEAR	MONTH YEAR	MONTH YEAR
H9. How long was this pregnancy?			
3 months or under 1			
4 to 6 months 2			
7 or more months 3			
DK 9			
IF <u>SINGLE</u> LIVE BIRTH OR STILLBIRTH:			
H10. Did you have a boy or a girl?			
IF <u>MULTIPLE</u> LIVE BIRTHS OR STILLBIRTHS:	# of BOYS	# of BOYS	# of BOYS
H11. How many boys or girls did you have?			
	# of GIRLS	# of GIRLS	# of GIRLS
IF SINGLE OR MULTIPLE <u>LIVE</u> BIRTH(S):			
H12. Did you breast-feed (this child / these children)?	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9	YES 1 NO 2 DK 9
<u>IF YES:</u>			
H13. For how many months did you breast-feed (this child / these children)? (SHOW CARD F)			
Under 1 month 1			
1 to 5 months 2			
6 to 11 months 3			
12 to 24 months 4			
over 24 months 5			
DK 9			

CONTINUATION PAGE USED:

YES

1

NO

2

H14. Have you ever taken a drug for infertility to try to become pregnant, or because your periods stopped?

YES

1

NO

2 GO TO J1.

DK

9 GO TO J1.

IF YES:

H15. How old were you when you first started to take this type of drug?

AGE

H16. Up until one year before your diagnosis of cancer, for how many months in total did you take this type of drug?

MONTHS

H17. Was the drug prescribed for infertility as part of GIFT, which means gamete intra-fallopian transfer, or as part of IVF, which means in vitro fertilization?

YES

1

NO

2

DK

9

H18. Which of the following drugs did you take? **(CIRCLE AS MANY AS APPLY)**

YES NO DK

Clomid	1	2	9	
Pergonal		1	2	9
Serophene		1	2	9
hCG		1	2	9
Other		1	2	9

(SPECIFY) _____

SECTION J. MENOPAUSE AND HORMONE REPLACEMENT THERAPY

The next section asks questions about your menstrual history and use of menopausal hormones.

J1. How long ago was your last menstrual period?

- | | | |
|--------------------|---|-------------|
| Less than 1 month | | 1 |
| 1 to 6 months | 2 | |
| 7 to 11 months | | 3 |
| 1 year or more | | 4 |
| Never had a period | | 5 GO TO J6. |
| DK | | 9 |

J2. Have your menstrual periods stopped for 1 year or more? Please do not include times when your periods stopped because of pregnancy, breast-feeding, serious illness or strenuous exercise.

- | | |
|-----|-------------|
| YES | 1 |
| NO | 2 GO TO J6. |
| DK | 9 GO TO J6. |

IF YES:

J3. How old were you when you had your last menstrual period before your periods stopped for 1 year or more?

AGE

J4. Did your menstrual periods stop because of...

- | | | |
|---|---|-------------|
| Natural menopause, which means that the periods stopped by themselves | | 1 GO TO J6. |
| Surgery or other medical treatment | 2 | |
| DK | | 9 GO TO J6. |

IF SURGERY OR OTHER MEDICAL TREATMENT:

J5. Which of the following surgeries or medical treatments did you receive that made your periods stop?
(CIRCLE AS MANY AS APPLY)

- | | YES | NO | DK |
|---|-----|----|----|
| Hysterectomy, that is the removal of the uterus or womb | 1 | 2 | 9 |
| Removal of both ovaries | 1 | 2 | 9 |
| Radiation or chemotherapy | 1 | 2 | 9 |
| Other | 1 | 2 | 9 |

(SPECIFY) _____

- J6. Have you ever taken estrogen, progestin, or other female hormones for menopause?
The preparation may be pills, injections, shots, skin patches, vaginal creams, or vaginal suppositories.
Please do not include oral contraceptives or birth control pills.

YES	1
NO	2 GO TO J12.
DK	9 GO TO J12.

IF YES:

- J7. How old were you when you first took estrogen, progestin or other female hormones for menopause?

AGE

- J8. Were you still having periods when you first took estrogen, progestin or other female hormones for menopause?

YES	1
NO	2
DK	9

- J9. Are you currently taking estrogen, progestin, or other female hormones for menopause?

YES	1 GO TO J11.
NO	2
DK	9 GO TO J11.

IF NO:

- J10. How old were you when you last took hormones for menopause?

AGE

- J11. Up until one year before your diagnosis of cancer, for how many years in total did you take estrogen, progestin, or other female hormones for menopause?

IF LESS THAN 1 YEAR: CODE 0 YEARS

J12. Have you ever taken any of the following drugs or medications?

	Tamoxifen	Raloxifene
	YES 1 NO 2 (GO TO RALOXIF.) DK 9 "	YES 1 NO 2 GO TO K1. DK 9 GO TO K1.
J13. How old were you when you <u>first</u> took (DRUG)?		
J14. Are you currently taking (DRUG)? <u>IF NO:</u>	YES 1 GO TO J16. NO 2 DK 9 GO TO J16.	YES 1 GO TO J16. NO 2 DK 9 GO TO J16.
J15. How old were you when you <u>last</u> took (DRUG)?		
J16. For how many years in total have you taken (DRUG)?		
	YEARS IF LESS THAN 1 YEAR: CODE 0	YEARS IF LESS THAN 1 YEAR: CODE 0

SECTION K. RADIATION EXPOSURE

Now I have some questions about x-ray examinations and radiation treatments.

First I will ask you about x-ray examinations in the chest area. Please do not include mammograms.

K1. Up until one year before your diagnosis of cancer, did you ever have any of the following types of x-ray examinations?		IF YES:	K3. Up until one year before your diagnosis of cancer, how many times did you have this type of x-ray examination?
X-ray examinations for heart catheterization	YES	1 →	
	NO	2	
	DK	9	
	AGE		
X-ray examinations for scoliosis	YES	1 →	
	NO	2	
	DK	9	
	AGE		
Other intensive x-ray examinations of the chest area (SPECIFY) _____ _____	YES	1 →	
	NO	2	
	DK	9	
	AGE		

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The next questions are about x-ray examinations in the lower abdomen or pelvis.

Up until one year before your diagnosis of cancer, did you ever have any of the following types of x-ray examinations?		<u>IF YES:</u> How old were you when you <u>first</u> had this type of x-ray examination?	Up until one year before your diagnosis of cancer, how many times did you have this type of x-ray examination?
Barium examination of the lower bowel	1 → 2 9		
		AGE	
CT scan or x-ray examination of the lower spine or pelvis	1 → 2 9		
		AGE	
Other intensive x-ray examination of the lower abdomen or pelvis (SPECIFY) _____ _____	1 → 2 9		
		AGE	

Now I have some questions about radiation treatments that included the chest area. Please do not include radiation treatments you may have received for the treatment of breast cancer.

Up until one year before your diagnosis of cancer, had you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u> How old were you when you were <u>first</u> treated with radiation for this condition?	Up until one year before your diagnosis of cancer, how many times had you been treated with radiation for this condition?
Tuberculosis	1 → 2 9		
		AGE	
Cancer	1 → 2 9		
		AGE	
Acne	1 → 2 9		
		AGE	
Mastitis	1 → 2 9		

		AGE	
Enlarged thymus gland	1 → 2 9		
		AGE	
Hemangioma	1 → 2 9		
		AGE	
Other conditions in the chest area (SPECIFY) _____ _____	1 → 2 9		
		AGE	

The next questions are about radiation treatments that included the lower abdomen or pelvis.

K10. Up until one year before your diagnosis of cancer, had you ever been treated with radiation for any of the following conditions?		<u>IF YES:</u> K11. How old were you when you were <u>first</u> treated with radiation for this condition?	K12. Up until one year before your diagnosis of cancer, how many times had you been treated with radiation for this condition?
Cancer	YES 1 → NO 2 DK 9		
		AGE	
		Bleeding from the uterus or womb	YES 1 → NO 2 DK 9
AGE			
Growth on the uterus or womb	YES 1 → NO 2 DK 9		
		AGE	
		Other conditions in the	YES 1 →

lower abdomen or pelvis (SPECIFY) _____ _____	NO DK	2 9		
			AGE	

SECTION L. PHYSICAL ACTIVITY

The following questions are about your physical activity at various times in your life. I will ask about strenuous exercise and moderate exercise separately. To answer these questions, please estimate the average amount of time each week and the average number of months each year that you spent exercising.

First I'll ask you about strenuous exercise activities or sports, such as swimming laps, aerobics, calisthenics, running, jogging, basketball, cycling on hills, or racquetball.

	L1. When you were between (AGE RANGE), how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	L2. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	DK	99	
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	L1. When you were between (AGE RANGE) , how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)	L2. How many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

L3. In the 3 years before your diagnosis of cancer, for how many hours a week on average did you do <u>strenuous</u> exercise? (SHOW CARD G)		L4. In the 3 years before your diagnosis of cancer, for how many months a year on average did you do <u>strenuous</u> exercise? (SHOW CARD H)
3 years before diagnosis	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

Now I will ask you about moderate exercise activities or sports, such as brisk walking, golf, volleyball, cycling on level streets, recreational tennis, or softball.

	L5. When you were between (AGE RANGE) , how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	L6. How many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
12 and 17 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
18 and 24 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
25 and 34 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L5. When you were between (AGE RANGE) , how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	L6. How many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
35 and 44 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK
45 and 54 years old	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9
55 years or older	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

	L7. In the 3 years before your diagnosis of cancer, for how many hours a week on average did you do <u>moderate</u> exercise? (SHOW CARD I)	L8. In the 3 years before your diagnosis of cancer, for how many months a year on average did you do <u>moderate</u> exercise? (SHOW CARD J)
3 years before diagnosis	None 1 1/2 hour a week 2 1 hour 3 1 1/2 hours 4 2 hours 5 3 hours 6 4-6 hours 7 7-10 hours 8 11 or more hours 9 DK 99	1-3 months per year 1 4-6 months 2 7-9 months 3 10-12 months 4 DK 9

SECTION M. TWIN STATUS AND CANCER TRIALS

The next few questions will complete this interview.

M1. Are you a twin?

YES	1
NO	2 GO TO M3.

IF YES:

M2. Non-identical twins are no more alike physically than ordinary brothers and sisters. Genetically identical twins, on the other hand, have a strong resemblance to each other in height, coloring, features of the face, etc. They look so much alike that people often mistake one for the other, especially during their childhood.

Do you think you and your twin are identical?

YES	1
NO	2
DK	9

M3. Are you, or have you ever been, a participant in a cancer prevention trial?

YES	1
NO	2 GO TO M5.

IF YES:

M4. Which of the following cancer prevention trials have you participated in?

	YES	NO	DK
Tamoxifen Trial	1	2	9
Dietary Trial	1	2	9
Other	1	2	9

(SPECIFY) _____

IF YES TO TAMOXIFEN:

M4a. What month and year did you start the Tamoxifen trial? _____
mm/yr

M4b. What month and year did you stop the Tamoxifen trial? _____
mm/yr

M4c. Were you given Tamoxifen or a placebo drug?

TAMOXIFEN 1

PLACEBO	2
DON'T KNOW	9

M5. Are you participating in other research studies of familial cancer?

YES	1
NO	2 END
DK	9 END

IF YES:

M6. What study of familial cancer is that?

(SPECIFY) _____

END: Thank you very much for taking the time to complete this interview.

TIME INTERVIEW COMPLETED:

AM	1		
HR	MIN	PM	2

INTERVIEWER ASSESSMENT

1. PARTICIPANT'S COOPERATION WAS

VERY GOOD		1
GOOD	2	
FAIR		3
POOR		4

2. THE OVERALL QUALITY OF THIS INTERVIEW IS

HIGH QUALITY		1
GENERALLY RELIABLE		2
QUESTIONABLE		3
UNSATISFACTORY		4

3. WERE THERE ANY DISTRACTIONS DURING THE INTERVIEW

YES		1
NO		2

IF YES:

DESCRIBE
